



\*\*\*Please review/update/complete all shaded areas below\*\*\*

BUSINESS NAME	
OWNER	
MAILING ADDRESS	
CITY, STATE, ZIP	

BUSINESS PHONE NUMBER	
EMAIL ADDRESS	
SSN OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	
CONTRACTOR'S LICENSE NUMBER	
BUSINESS LOCATION ( <i>Street Address</i> )	
( <i>City, State, Zip</i> )	
PLEASE PROVIDE A BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION.	

AMOUNT OF GROSS RECEIPTS <u>ATTRIBUTABLE TO BUSINESS IN LOVETTSVILLE</u> IN 2014	\$ _____
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<b>GROSS RECEIPTS</b>	<b>BUSINESS LICENSE TAX</b>
\$0.00 - \$25,000.00	\$0.00 (SIGN ATTESTATION STATEMENT BELOW)
\$25,000.00 AND OVER	\$37.50 + \$0.17 PER \$100 OF GROSS RECEIPTS OVER \$25,000.00
<b>TOTAL CONTRACTOR LICENSE TAX DUE: \$_____ + 10% LATE FEE (AFTER 3/1/15): \$_____</b>	
<b>TOTAL AMOUNT DUE: \$_____</b>	

☐ I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
**OR**  
☐ **(ATTESTATION)** I CERTIFY THAT THIS BUSINESS IS PHYSICALLY LOCATED OUTSIDE THE LOVETTSVILLE TOWN LIMITS AND THAT GROSS RECEIPTS EARNED FROM BUSINESS ACTIVITY WITHIN THE TOWN LIMITS IN 2014 WERE LESS THAN \$25,000.00.

TOWN OF LOVETTSVILLE  
ATTN: TREASURER  
PO Box 209  
LOVETTSVILLE, VA 20180-0209

2014 LICENSE	
2015 LICENSE	
DATE RECEIVED	
AMOUNT	
DATE ISSUED	
INITIALS	